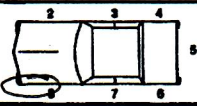
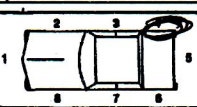


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO 2015-14882		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE						
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY				COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED						
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY LEBANON				DATE OF CRASH 8/25/15	DAY TUES	TIME: MILITARY 0739					
CRASH OCCURRED ON LEBANON HIGH SCHOOL STUDENT LOT		WITHIN THE INTERSECTION OF											
IF NOT IN INTERSECTION ____ MILES 1.020 FEET W E OF DRAKE RD.		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO)				CITY CODE							
LOG-1	LOG-2	LOC JUR FH9 FILT											
A	UNIT NO. 1	NO OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/>	PARKED <input type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT NATIONWIDE					
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) EMERY, MELISSA					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 800 HART RD. LEBANON, OH 45036								
PHONE NO. 513-505-8628		BIRTH DATE 12/8/98	AGE 16	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. UK638806	OCCUPATION STUDENT				
OWNER (IF SAME AS DRIVER, WRITE SAME) EMERY, RICHARD H.					ADDRESS 800 HART RD. LEBANON, OH					PHONE 513-505-8628			
VEH YR 2005	MAKE TOYT	MODEL SW	COLOR AMETH	STYLE SW	STATE OH	LICENSE PLATE NO. GIY7563	TOWING SERVICE	VEH/PED DIR FROM N TO E					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
8	UNIT NO. 2	NO OF OCCUPANTS 1	OPERATING <input type="checkbox"/>	PARKED <input checked="" type="checkbox"/>	DRIVERLESS <input type="checkbox"/>	HIT & RUN <input type="checkbox"/>	NON-CONTACT <input type="checkbox"/>	INSURANCE CO OR AGENT METROPOLITAN					
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) CHESS, KRISTA N.					ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 211 BARNARD CT. UNIT B LEBANON, OH 45036								
PHONE NO. 513-267-5477		BIRTH DATE 11/3/98	AGE 16	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. UB359428	OCCUPATION STUDENT				
OWNER (IF SAME AS DRIVER, WRITE SAME) CHESS, ROBERT L.					ADDRESS 211 BARNARD CT. B LEBANON, OH					PHONE 513-267-5477			
VEH YR 2001	MAKE CHEV	MODEL TK	COLOR BW	STYLE TK	STATE OH	LICENSE PLATE NO. CM52171	TOWING SERVICE	VEH/PED DIR FROM - TO -					
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE m D Y	AGE	POSITION A B C D E F			INJURIES A B C D E F			
		ADDRESS			PHONE		SEX						
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE m D Y	AGE	POSITION A B C D E F			INJURIES A B C D E F			
		ADDRESS			PHONE		SEX						
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE m D Y	AGE	POSITION A B C D E F			INJURIES A B C D E F			
		ADDRESS			PHONE		SEX						
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE m D Y	AGE	POSITION A B C D E F			INJURIES A B C D E F			
		ADDRESS			PHONE		SEX						
INJURED TAKEN TO By							A B C D E F			ALCOHOL A <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO B <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
INJURED TAKEN TO By							A B C D E F			TESTED 1 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 1 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.							A B C D E F			1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN			
OFFENSE CHARGED AND DESCRIPTION <input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD.							A B C D E F			TESTED 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 1 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
RECEIVED CALL 0733		DISPATCHED 0735	ARRIVED 0741	CLEARED 0751	OTHER TIME	TOTAL MINUTES 00off 10	1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE			1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG			
DATE REPORT FILED 8/27/15		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME STALLARD		BADGE NO. 113	CHECKED BY							